

SHARYLAND HIGH SCHOOL BAND

2020-21 SUMMER BAND

HEY BAND!!!

It's time to tighten up your shoelaces and find your water bottles and favorite sunglasses! Marching Season is right around the corner. This year's show promises to be one of most entertaining yet! With the tough competition at both local and area levels, to be successful, the Band must work together as a team.... meaning everyone must be on time and attend every practice. This year we will be offering participation on the show via DIGITAL PERFORMANCE OR IN PERSON PERFORMANCE. We will be going over participation options within our digital parent meetings we will be having with each class over google meets. In accordance with SISD's district offering students will be allowed to choose how they will participate in band contest this year digitally or in person. Keeping the safety of the students at the forefront of this experience the SHS band has decided to compete digitally this year due to the current circumstances. In Partnership with USSBA and V-Bands SHS WILL COMPETE ON A NATIONAL Circuit THAT WILL ALLOW EACH GROUP TO SUBMIT VIDEO PERFORMANCES FOR RECOGNITION BASED ON SIZE AND PRACTICE SITUATION. We understand that these are uncertain times, but we want to provide a sense of certainty for the student's hard work. This will allow all students, no matter quarantined or not, to participate in band on all scales.

Contact Information:

- **Students are highly encouraged to use the BAND App on their devices:**
<https://band.us/n/afacz7c8q4ccg>
- **Parents are highly encouraged to sign up for the Sharyland Band Booster's Remind:**
SHSBB1819
- **Check out the Band Booster's Facebook and website at www.shsrattlerbandboosters.com**
- **The Band also has an Instagram account for announcements**

- For Mr. Perea, call 580-5300 ext. 1245 or email mperea@sharylandisd.org
- Brass questions, email MR. Patrick Schmidt at pwschmidt23@gmail.com
- Percussion questions, email Mr. Salinas at fsalinas@sharylandisd.org .
- Woodwind questions, call or text Miss VanEpps at 956-821-3024 or bvanepps@sharylandisd.org
- Contact our SHS Band Boosters at shsrattlerbandboosters@gmail.com for any questions dealing with how to become more involved with our organization.

Preliminary Contest Schedule Fall 2020

More dates will be coming as soon as the SHS Rattler Football Team releases their schedule.

This is just a rough draft of contests to help you plan.

September 26	Virtual Bands Kick Off Contest (Online on flowmarching.com)
October 3	V-BANDS CONTEST 2 (Online on flowmarching.com)
October 10	V-BANDS CONTEST 3 (Online on flowmarching.com)
October 17	UIL Pigskin Marching Band Contest -Mission LIVE!! (IF HOSTED AND SAFE)
October 24	V-BANDS CONTEST 4 (Online on flowmarching.com)
October 31	US Bands Competition Remo Classic (Online on flowmarching.com)
November 7	V- Bands National Championship (Online on flowmarching.com)

*****THIS IS A ROUGH DRAFT OF OUR CONTEST SCHEDULE. FOOTBALL GAMES WILL BE ADDED DEPENDIGN ON COVID-19 REGULATIONS.

WE CURRENTLY ANTICIPATE TO NOT BE ATTENDING ANY OUT OF TOWN GAMES.

FOOTBALL GAME ATTENDANCE WILL BE DISCUSSED UPPON FURTHER ADMIDITRATIVE MEETINGS. *****

What to Bring/Wear/Prepare:

1. Water! Water! And More Water! - We suggest the largest Camel packs you can find or 2-quart coolers. Some kids bring small ice chests with water bottles in them. No caffeinated drinks!
2. Eat something for breakfast. NO MILK!!! (not even with cereal!) A simple peanut butter and jelly sandwich has enough carbs to get you going and enough protein to stay with you. You need fuel! Donuts and fruit burn off too fast...make sure you have some protein.
3. We suggest bringing a power bar or a Gatorade for the break.
4. Wear light colored clothing. Shorts and a light-colored t-shirt are best. Dark colors attract the sun, and loose clothing helps you stay cooler.
5. Tennis Shoes that fit properly. Don't risk twisting an ankle in oversized, untied tennis shoes.
6. Bring a light-colored hat/cap and sunglasses. You'll make your own shade.
7. SUNSCREEN - bring it with you! We suggest you reapply during breaks.
8. Any medicine like inhalers or epi-pens. You can keep it on the sidelines in a backpack or leave it with a band director.
9. Beach towel or something to sit on.
10. Your instrument (school instruments will be issued in July), pencil, music, flip folder, and lyre

Last Minute Advice

- Staying hydrated during camp is very important. Make sure your student drinks water and/or “Gatorade” (for electrolytes) at the end of the day and first thing in the morning before leaving for camp.
- Limit or avoid dairy during camp.
- Bring water bottle, filled each day.
- Go outside, get used to the weather!
- Go to bed earlier and get used to waking up before noon.
- Practice your instrument....it is lonely!

Band Purchases

For your convenience, all items can be purchased online at the following address:

<https://stores.inksoft.com/sharylandhsband/shop/home>

Band shoes and gloves can be purchased through this website. We will help determine your sizes. Be sure to check the site for fanwear!

SUMMER BAND CAMP CALENDAR

Please use camp option schedules to determine times for your section
EACH WEEK A NEW CAMP OPTION WILL BE POSTED IN GOOGLE CLASSROOM!!

** High School registration and Parking Permit registration will be held in the afternoon for Band Students.*

** Sectionals will be set by Mr. Perea once school starts.*

START TIMES & END TIMES

The **start time** (or **call time**) is not drop off time. Please drop them off at least 15 minutes early.

End time means that's when band stops practicing. The kids may not be ready to leave SHS until 15-20 minutes after.

July 2020

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
13 All state music Is posted check with director for music	14 All state music Is posted check with director for music	15 All state music Is posted check with director for music	16 Student Leadership camp 8-11 and 1-4 Online !!	17 Student Leadership camp 8-11 and 1-4 Online!!	18 Parent meetings 11 TH – 3PM 12 th - 4PM
20 Camp option A,B,C, to be determined weekly due to COVID	21 OPTION C WILL BE DEFAULT UNTIL ALLOWED TO RETURN	22 Camp option A,B,C, to be determined weekly due to COVID	23 OPTION C WILL BE DEFAULT UNTIL ALLOWED TO RETURN	24 <u>CAMP CONT</u>	25 Parent meetings 9 th - 3PM 10 th - 4PM
27 <u>CAMP CONT</u>	28 <u>CAMP CONT</u>	29 <u>CAMP CONT</u>	30 <u>CAMP CONT</u>	31 <u>CAMP CONT</u>	1 <u>CAMP CONT</u> (MARCHING GROUP ONLY IF NEEDED)

August 2020

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
3 <u>CAMP CONT</u>	4 <u>CAMP CONT</u>	5 <u>CAMP CONT</u>	6 <u>CAMP CONT</u>	7 <u>CAMP CONT</u>	8
10 <u>CAMP CONT</u>	11 <u>CAMP CONT</u>	12 <u>CAMP CONT</u>	13 <u>CAMP CONT</u>	14 <u>CAMP CONT</u>	15
17 First Day of School Advisory 1 st Block Full Band 5pm-7pm	18 Advisory 1 st Block Full Band 5pm-7pm	19 7:00 AM REHERSAL TIME	20 7:00 AM REHERSAL TIME	21 7:00 AM REHERSAL TIME GAME TBD	22

Final Information!!!!

- All Students are required to receive a physical form their family medical practitioner each year to be eligible to be in marching band.
- All students must fill out required parent documentation forms provided by the district before the start of school.
- Students In band are required to purchase their marching shoes, show shirt, and concert attire for the school year before required date of need.
- Students AND parents will need to attend the google classroom meeting on listed date

Please see Practice schedule options

They will be decided on weekly in preparation for the oncoming weeks!!!

Practice Schedule A		(STUDENTS AT 50% CAPACITY)			
Time	Brass Group 1 (PV)	WW Group 2 (PV)	Battery Group 3 (PV)	Colorguard	Pit (BH 1/2)
7:00 AM	Sectional (Pavillion)	Lunch	Marching Soccer field (check in @ soccer field)	Sectional (Annex) (check in @ Annex)	Sectional (list room/rooms)
8:00 AM					
9:00 AM					
10:00 AM	Marching (Soccer field)	Lunch	Sectionals (list areas)	Sectional (list areas)	Sectional (list room/rooms)
11:00 AM					
12:00 PM					
1:00 PM	Lunch	Sectional (Pavillion)	Sectionals (list areas)	Sectional (list areas)	Sectional (list room/rooms)
2:00 PM					
3:00 PM					
4:00 PM	Lunch	Marching (Soccer field)	Sectionals (list areas)	Sectional (list areas)	Sectional (list room/rooms)
5:00 PM					
6:00 PM					
7:00 PM	Lunch	Marching (Soccer field)	Sectionals (list areas)	Sectional (list areas)	Sectional (list room/rooms)
8:00 PM					

Remember that we need to allot time for check in and set up* this is why we allotted more time at start
 Make sure to limit or alternate pit and battery when we are doing 50%

Practice Schedule B		(STUDENTS AT 15 TO 1 CAPACITY)			
Time	Group 1 (RH)	Group 2 (PV)	Group 3 (PV2)	Colorguard (ANNEX)	Percussion (BH1/2)
7:00 AM	Flute	Trumpet 1	French Horn	Pit Group	Pit Group
8:00 AM					
9:00 AM					
10:00 AM	Marching Session	Marching Session	Marching Session	Pit Group	Pit Group
11:00 AM					
12:00 PM					
1:00 PM	Lunch	Lunch	Lunch	Sectional (list areas)	Sectional (list room/rooms)
2:00 PM					
3:00 PM					
4:00 PM	Alto Saxophone	Baritone/Tuba	Low Reed 13	Battery Group	Battery Group
5:00 PM	Marching Session	Marching Session	Marching Session		
6:00 PM	Clarinet 12	Trumpet 2/3	Trombone		
7:00 PM					
8:00 PM	Lunch	Marching (Soccer field)	Sectionals (list areas)	Sectional (list areas)	Sectional (list room/rooms)

Practice Schedule C (ALL DIGITAL)						
Time	VAN EPPS	PEREA	SCHMIDT	SALINAS	PERC TECH	GAITAN
7:00 AM						
9:30 AM	CL 1	TRUMPET 1	LOW BRASS 1	MARIMBAS	SNARES	DANCE SESSION
10:00 AM						
11:30 AM	CL 2/3	TRUMPET 2	LOW BRASS 2/3	VIBES	TENORS	FLAGS
1:00 PM						
2:30 PM	FLUTE	TRUMPET 3	F HORN 1	ACCESORIES	BASSES	WEAPONS
3:00 PM						
4:30 PM	ALTO SAX	TUBA	LOW REED	OTHER ??	OTHER ??	
5:00 PM						
6:30 PM	ALL REAGION	ALL REGION	ALL REGION	ALL REGION	ALL REGION	



SISD Requirements for All Practices and Band Rehearsals

Beginning The Week of July 13th

- Prescreening will be conducted at the beginning of rehearsals before admittance
- During practices and rehearsals, staff must ensure appropriate social distancing, hygiene, and safety measures are implemented. (15 feet indoors and 10 feet outdoors while playing wind instruments)
- SISD will have hand sanitizer or hand-washing stations readily available in the practice and rehearsal area. Students and staff should be encouraged to use it frequently.
- Students are encouraged to wear masks when not playing their instruments and staff will be required to wear them all times.
- Students must follow distancing guidelines while in practice and waiting for parent pick up there will be designated lines around the drop off and pick up areas for the students. Students must go home immediately after their practice so the staff can prepare for next group to arrive.
- Practice rooms will not be available to practice in and restroom areas will be limited to by 25% percent occupancy for use of students. Students should report to practices and rehearsals in proper attire and immediately return home to change clothes or shower at the end of the session. There will be no storage of personal belongings in lockers.
- All surfaces in practice and rehearsal areas must be thoroughly disinfected throughout and at the end of each day.
- There can be no shared water or food. All food will be provided only through SISD Summer Meal Plan (no outside food allowed)
- Any equipment will be thoroughly disinfected before and after each use. If a student uses a piece of equipment, that equipment must be thoroughly disinfected before another student uses it.
- Attendance shall be voluntary. Band Directors shall not require members to attend in order to try out or participate in any UIL Sport. Attendance records will be kept, however students will not be required or allowed to make up missed days. No fees will be required Sharyland ISD Student to participate in band.
- Beginning July 22 bands will be allowed to have 50% capacity @ rehearsals but are still required to follow distancing guidelines

Band students will:

- • Follow UIL social distancing guidelines (6 ft non-active and 10 ft active).
- • Follow entry and exit guidelines and not congregate before or after the Practice
- • Bc questioned over Covid-19 symptoms and have their temperature taken.

• Name: _____
 Home #: _____ Cell #: _____
 Emergency Contact: _____ Phone: _____

• I CERTIFY THAT _____ HAS MY PERMISSION TO PARTICIPATE IN THE SHARYLAND ISD SUMMER STRENGTH AND CONDITIONING PROGRAM. I AUTHORIZE THE COACHING STAFF TO ACT ON MY BEHALF AND USE THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I HEREBY WAIVE AND RELEASE SHARYLAND I.S.D AND ITS EMPLOYEES FROM LIABILITY FOR INJURY AND ILLNESS. I KNOW OF NO PHYSICAL OR MENTAL PROBLEMS THAT MAY AFFECT MY CHILD'S ABILITY TO PARTICIPATE SAFELY IN THE PROGRAM.I UNDERSTAND THAT ALTHOUGH SAFEGUARDS ARE IN PLACE, SHARYLAND ISD CANNOT GUARANTEE THAT INJURY OR ILLNESS WILL NOT OCCUR.

• PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PREPARTICIPATION PHYSICAL EVALUATION -- MEDICAL HISTORY

This **MEDICAL HISTORY FORM** must be completed *annually* by parent (or guardian) and student in order for the student to participate in activities. These questions are designed to determine if the student has developed any condition which would make it hazardous to participate in an event.

Student's Name: (print) _____ Sex _____ Age _____ Date of Birth _____
 Address _____ Phone _____
 Grade _____ School _____
 Personal Physician _____ Phone _____
In case of emergency, contact:
 Name _____ Relationship _____ Phone (H) _____ (W) _____

Explain "Yes" answers in the box below**. Circle questions you don't know the answers to.

<p>1. Have you had a medical illness or injury since your last check up or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Have you been hospitalized overnight in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have you ever had prior testing for the heart ordered by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever passed out during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had chest pain during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you get tired more quickly than your friends do during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had racing of your heart or skipped heartbeats? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had high blood pressure or high cholesterol? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been told you have a heart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member or relative died of heart problems or of sudden unexpected death before age 50? <input type="checkbox"/> Yes <input type="checkbox"/> No Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy), hypertrophic cardiomyopathy, long QT syndrome or other ion channelopathy (Brugada syndrome, etc), Marfan's syndrome, or abnormal heart rhythm? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a physician ever denied or restricted your participation in activities for any heart problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Have you ever had a head injury or concussion? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been knocked out, become unconscious, or lost your memory? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times? _____ When was your last concussion? _____ How severe was each one? (Explain below) _____ Have you ever had a seizure? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have frequent or severe headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had numbness or tingling in your arms, hands, legs or feet? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever had a stinger, burner, or pinched nerve? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you missing any paired organs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Are you under a doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills or using an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Have you ever been dizzy during or after exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Have you ever become ill from exercising in the heat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you had any problems with your eyes or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>13. Have you ever gotten unexpectedly short of breath with exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have seasonal allergies that require medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Do you use any special protective or corrective equipment or devices that aren't usually used for your activity or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Have you ever had a sprain, strain, or swelling after injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you broken or fractured any bones or dislocated any joints? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check appropriate box and explain below:</p> <table border="0"> <tr> <td><input type="checkbox"/> Head</td> <td><input type="checkbox"/> Elbow</td> <td><input type="checkbox"/> Hip</td> </tr> <tr> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Forearm</td> <td><input type="checkbox"/> Thigh</td> </tr> <tr> <td><input type="checkbox"/> Back</td> <td><input type="checkbox"/> Wrist</td> <td><input type="checkbox"/> Knee</td> </tr> <tr> <td><input type="checkbox"/> Chest</td> <td><input type="checkbox"/> Hand</td> <td><input type="checkbox"/> Shin/Calf</td> </tr> <tr> <td><input type="checkbox"/> Shoulder</td> <td><input type="checkbox"/> Finger</td> <td><input type="checkbox"/> Ankle</td> </tr> <tr> <td><input type="checkbox"/> Upper Arm</td> <td><input type="checkbox"/> Foot</td> <td></td> </tr> </table> <p>16. Do you want to weigh more or less than you do now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>17. Do you feel stressed out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Females Only</i></p> <p>19. When was your first menstrual period? _____ When was your most recent menstrual period? _____ How much time do you usually have from the start of one period to the start of another? _____ How many periods have you had in the last year? _____ What was the longest time between periods in the last year? _____</p> <p><i>Males Only</i></p> <p>20. Do you have two testicles? _____</p> <p>21. Do you have any testicular swelling or masses? _____</p>	<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Forearm	<input type="checkbox"/> Thigh	<input type="checkbox"/> Back	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Shin/Calf	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot	
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow	<input type="checkbox"/> Hip																	
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<input type="checkbox"/> Shoulder	<input type="checkbox"/> Finger	<input type="checkbox"/> Ankle																	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Foot																		

An electrocardiogram (ECG) is not required. By checking this box, I choose to obtain an ECG for my student for additional cardiac screening. I have read and understand the information about cardiac screening. I understand it is the responsibility of my family to schedule and pay for such ECG.

EXPLAIN "YES" ANSWERS IN THE BOX BELOW (attach another sheet if necessary):

It is understood that even though protective equipment is worn by athletes, whenever needed, the possibility of an accident still remains. Neither the University Interscholastic League nor the school assumes any responsibility in case an accident occurs.

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given said student by any physician, athletic trainer, nurse or school representative. I do hereby agree to indemnify and save harmless the school and any school or hospital representative from any claim by any person on account of such care and treatment of said student.

If, between this date and the beginning of participation, any illness or injury should occur that may limit this student's participation, I agree to notify the school authorities of such illness or injury.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL

Student Signature: _____ Parent/Guardian Signature: _____ Date: _____

Any Yes answer to questions 1, 2, 3, 4, 5, or 6 requires further medical evaluation which may include a physical examination. Written clearance from a physician, physician assistant, chiropractor, or nurse practitioner is required before any participation in UIL practices, games or matches. **THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE, PERFORMANCE OR CONTEST BEFORE, DURING OR AFTER SCHOOL.**

For School Use Only:

This Medical History Form was reviewed by: Printed Name _____ Date _____ Signature _____

PREPARTICIPATION PHYSICAL EVALUATION -- PHYSICAL EXAMINATION

Student's Name _____ Sex _____ Age _____ Date of Birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (____ / _____, ____ / _____)
brachial blood pressure while sitting

Vision: R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal Unequal

As a minimum requirement, this **Physical Examination Form** must be completed prior to junior high participation and again prior to first and third years of high school participation. It **must** be completed if there are yes answers to specific questions on the student's MEDICAL HISTORY FORM on the reverse side. * **Local district policy may require an annual physical exam.**

NORMAL

ABNORMAL FINDINGS

INITIALS*

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/Ears/Nose/Throat			
Lymph Nodes			
Heart-Auscultation of the heart in the supine position.			
Heart-Auscultation of the heart in the standing position.			
Heart-Lower extremity pulses			
Pulses			
Lungs			
Abdomen			
Genitalia (males only)			
Skin			
Marfan's stigmata (arachnodactyly, pectus excavatum, joint hypermobility, scoliosis)			

MUSCULOSKELETAL

Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			

*station-based examination only

CLEARANCE

Cleared
 Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a Doctor of Chiropractic. Examination forms signed by any other health care practitioner, will not be accepted.

Name (print/type) _____ Date of Examination: _____

Address: _____

Phone Number: _____

Signature: _____

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or performance/ games/matches.